

**Family Enrichment Center, Inc.  
Wee Care and Respite Childcare  
Enrollment Form**

**Referred By:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

<b>For office use only</b> <b>Criteria Met: (list all that apply)</b> 1. 2. 3. Accepted for enrollment on _____ for classroom _____	<b>Wee Care</b> ____ <b>Respite</b> ____ <b># of pts</b> ____ <b>Does not Qualify</b> ____ <b>Director's Signature</b> _____
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**Child Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_  
Likes to be called: (nickname if any) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number (required) \_\_\_\_\_ Race \_\_\_\_\_ Current Age \_\_\_\_\_

**Parental/Caregiver Information**

**Mother** \_\_\_\_\_ Social Security Number \_\_\_\_\_ Race \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
Employer \_\_\_\_\_ Marital Status: Single Married Divorced Other  
**Father** \_\_\_\_\_ Social Security Number \_\_\_\_\_ Race \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
Employer \_\_\_\_\_ Marital Status: Single Married Divorced Other

**Others in the Home**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Sex: \_\_\_\_ Race: \_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Sex: \_\_\_\_ Race: \_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Sex: \_\_\_\_ Race: \_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

**Special Family Issues or Things We Should Know About Your Child (i.e. allergies):**

\_\_\_\_\_  
**Emergency Contacts:** Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**Eligibility Criteria Information**

*Information below is held confidential and used for program reporting only.*

Total number of people in the home: \_\_\_\_\_ Household Annual gross income (before taxes): \_\_\_\_\_

Mother's Income: \_\_\_\_\_ Fathers Income: \_\_\_\_\_

(Proof of income must be provided. Current K-Chip or Medicaid card, 1040, or one months of pay stubs will be accepted as proof)

Has the child been in foster care or any other out of home care? If so, please explain

\_\_\_\_\_  
\_\_\_\_\_  
Is the family experiencing any circumstances that would be considered a crisis? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
Is either parent a student at a university, technical school, business college, high or jr. high school, involved in a welfare to work program or a job retaining program? Circle one **yes no**

Are you a single parent? (Circle one) **yes no**

Does your child have special needs? If yes please explain. \_\_\_\_\_

Has there ever been substantiated abuse or neglect investigation? \_\_\_ Yes \_\_\_ No

Is this child five years old or younger? \_\_\_ Yes \_\_\_ No

Has there ever been any substance abuse in the home? \_\_\_ Yes \_\_\_ No

Has there ever been a domestic violence situation in the home? \_\_\_ Yes \_\_\_ No

Is either parent a teenager? \_\_\_ Yes \_\_\_ No

Is either parent developmentally disabled? \_\_\_ Yes \_\_\_ No

Is this family defined to be at "high risk" as assessed by Protection and Permanency staff? \_\_\_ Yes \_\_\_ No

How did you become aware of Wee Care and Respite Childcare services? \_\_\_\_\_

*I certify that the aforementioned information is correct and is the agreed upon date and time of service and I will abide by the policies in the Parent Handbook. I understand that this registration does not guarantee my child's attendance.*

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## FAMILY INVENTORY

### **Employment/Income**

- Does your family have a source of income?  
\_\_\_\_\_
- Are there any family members who need employment? \_\_\_\_\_
- If so who and what type?  
\_\_\_\_\_
- Would you like assistance in meeting employment needs? \_\_\_\_\_

### **Education**

Does your family have an educational need? \_\_\_\_\_  
Please specify: \_\_\_GED \_\_\_Literacy  
\_\_\_ Vocational training \_\_\_financial aid \_\_\_ College

Is assistance needed to meet those needs? \_\_\_\_\_

### **Shelter/Housing**

How long has your family lived at this residence? \_\_\_\_\_  
Do you: \_\_\_rent \_\_\_own  
Does this housing meet your family's needs?  
Yes or No If no explain: \_\_\_\_\_  
Would you like information on the following?  
Low income/section 8 housing \_\_\_\_\_  
Purchasing a home \_\_\_\_\_

### **Mental Health**

Does your family have a support system when life gets difficult? \_\_\_

Does your family use any of the following preventative mental health measures?  
\_\_\_ Family sharing times \_\_\_support groups  
\_\_\_ Counseling \_\_\_reading materials  
\_\_\_ Training sessions

Does any family member need additional help or support? \_\_\_\_\_

### **Health**

For pregnant women only:  
Do you have access to prenatal care? \_\_\_  
Do you have information about breastfeeding? \_\_\_  
Is there any information about your pregnancy or becoming a new parent that you are interested in?  
\_\_\_\_\_

Does your family use any of the following preventative measures?  
\_\_\_regular or annual check-up      \_\_\_weight control      \_\_\_ balanced Diet  
\_\_\_ regular exercise program      \_\_\_ reading materials      \_\_\_ training session  
\_\_\_ limiting sweets/snacks      \_\_\_ brushing/flossing after meals

Does your family utilize the health department, have medical cards, or adequate insurance? \_\_\_\_\_  
Does your family have adequate food to meet their needs? \_\_\_  
Does your family have any health or dental needs? \_\_\_  
If yes explain: \_\_\_\_\_

**Social Education**

Does the family feel that they have knowledge about resources and community agencies? Yes or No.  
If not what resources are you interested in obtaining information about?

\_\_\_\_\_

Are there any parenting issues that are causing your family difficulty at this time? \_\_\_\_

If yes explain. \_\_\_\_\_

Would you be interested in information about any of the following topics?

\_\_\_\_ guidance, discipline/ behavior management \_\_\_\_ step-parenting \_\_\_\_ Sibling rivalry

\_\_\_\_ STDs \_\_\_\_ dealing with teenagers \_\_\_\_ recreational activities divorcing parents \_\_\_\_

\_\_\_\_ creating a budget \_\_\_\_ early literacy/ reading skills \_\_\_\_ Job hunting

Other \_\_\_\_\_

Would you be interested in attending parenting classes on the above topics? \_\_\_\_

Would you prefer to attend parenting classes held:

\_\_\_\_ Evening \_\_\_\_ Mornings

**Immediate needs**

Is your family currently receiving any social services assistance? \_\_\_\_

Specify: \_\_\_\_\_

Does your family have an immediate need that is not being met? \_\_\_\_\_

Does your family have adequate: \_\_\_\_ furniture \_\_\_\_ clothing \_\_\_\_ appliance \_\_\_\_ car seats

Other \_\_\_\_\_